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Longer-term safety and efficacy of ofatumumab in recently diagnosed and treatment naïve patients is consistent with the overall population in the ALITHIOS open-label extension study

J. Gärtner¹, S.L. Hauser², A. Bar-Or³, X. Montalban⁴, J.A. Cohen⁵, D. Robertson⁶, A.H. Cross⁷, C.M. Hersh⁸, K. Deiva⁹, K. Goeril¹⁰, A.D. Gupta¹¹, R. Zielman¹², S. Ansari¹³, B. Kieseier¹⁰, L. Kappos¹⁴

¹Department of Paediatrics and Adolescent Medicine, Division of Paediatric Neurology, University Medical Centre Göttingen, Georg August University Göttingen, Göttingen, Germany, ²UCSF Weill Institute for Neurosciences, University of California, San Francisco, California, United States, ³Center for Neuroinflammation and Experimental Therapeutics and Department of Neurology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, United States, ⁴Department of Neurology Neuroimmunology, Centre d'Esclerosi Múltiple de Catalunya (Cemcat), Hospital Universitari Vall d'Hebron, Barcelona, Spain, ⁵Department of Neurology, Mellen MS Center, Neurological Institute, Cleveland Clinic, Cleveland, Ohio, United States, ⁶Multiple Sclerosis Division, Department of Neurology, University of South Florida, Tampa, Florida, United States, ⁷Department of Neurology, Section of Neuroimmunology, Washington University School of Medicine, Saint Louis, Missouri, United States, ⁸Cleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, Nevada, United States, ⁹Department of Pediatric Neurology, University Hospitals Paris Saclay, Hôpital Bicêtre, National Reference Center for Rare Inflammatory Brain and Spinal Diseases, Le Kremlin Bicêtre, France, ¹⁰Novartis Pharma AG, Basel, Switzerland, ¹¹Novartis Healthcare Pvt. Ltd, Hyderabad, India, ¹²Novartis Pharma B.V, Amsterdam, Netherlands, ¹³Novartis Institutes for Biomedical, Massachusetts, United States, ¹⁴Research Center for Clinical Neuroimmunology and Neuroscience Basel (RC2NB) and MS Center, Departments of Head, Spine and Neuromedicine, Clinical Research, Biomedicine and Biomedical Engineering, University Hospital and University of Basel, Basel, Switzerland

Introduction: Ofatumumab (OMB) demonstrated superior efficacy and similar safety vs teriflunomide in the Phase 3 ASCLEPIOS I/II trials in the overall population of patients with relapsing MS (RMS) and a subgroup of patients recently diagnosed (≤ 3 years) and treatment-naïve (RDTN). In the overall population, OMB has demonstrated well-tolerated safety and sustained longer-term efficacy for up to 4 years in the ALITHIOS open-label extension study.

Objective: To assess the longer-term safety and efficacy of OMB for up to 4 years (data cut-off: 25-Sep-2021) in a subgroup of RDTN RMS patients.

Methods: Efficacy outcomes (annualized relapse rate (ARR), time-to-3/6-month confirmed disability worsening [3m/6mCDW], number of Gd+T1 lesions, annualized T2 lesion rate) up to 4 years were analyzed in two groups: 1) RDTN patients randomized to OMB in ASCLEPIOS I/II and continuing OMB in ALITHIOS (continuous; n=314) and 2) RDTN patients randomized to TER in ASCLEPIOS I/II, switched to OMB in ALITHIOS (switch; n=301). Safety outcomes were analyzed in overall (RDTN patients enrolled in ASCLEPIOS I/II and ALITHIOS, n=546), continuous (OMB in core studies+ALITHIOS; n=314) and switch groups (TER in ASCLEPIOS I/II and OMB in ALITHIOS; n=232).

Results: Mean age at baseline was 36.8/35.7 years, 69.1%/65.8% were female, and the mean EDSS was 2.30/2.22 in the continuous/switch groups. Over ASCLEPIOS I/II+ALITHIOS, the ARR in the continuous group remained low up to 4 years and the cumulative number of confirmed relapses was 42% lower in continuous vs switch group. Within group (ASCLEPIOS I/II vs ALITHIOS) analysis showed that continuous use of OMB was associated with a significant reduction in ARR by 43.1%; switching to OMB resulted in a pronounced reduction in ARR (76.6%). The difference in KM estimates at Month 36 for 3m/6mCDW indicates that risk of events was similar in both the treatment groups after switching to OMB. Treatment emergent adverse events (AEs) occurred in 93.6%/83.2% of the continuous/switch groups and serious AEs were reported in 16.2%/7.8%, respectively. Detailed safety (severity of AEs, treatment discontinuation) and efficacy data will be presented at the congress.

Conclusion: Consistent with longer-term safety and efficacy findings for up to 4 years in the overall population of the ALITHIOS study, these analyses show the favorable benefit-risk profile of OMB in RDTN RMS patients, supporting its use as a first-line therapy at an early stage of the MS disease course.

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